

Certificate of Transmission Under 37 C.F.R. 1.8

Application No. 10/719,107

Filing Date: 11/21/2003

Confirmation No. 1885

Inventor: LeDuc et al.

Title: Swingable apparatus attachable to a vehicle for transporting a device and permitting access to the vehicle

Attorney Docket No. FG-002US

Attorney: Timothy N. Ellis

I hereby certify that the following documents:

- 1) Certificate of transmission
- 2) Transmittal form
- 3) Petition for extension of time
- 4) Terminal Disclaimer
- 5) Amendment (33 pages)

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(Date) February 2, 2009.

Tim Ellis,

Timothy N. Ellis

Reg. No. 41,734

San Diego, California, Pacific Time Zone

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/719,107
		Filing Date	11/21/2003
		First Named Inventor	LeDuc
		Art Unit	3782
		Examiner Name	Larson, Justin
Total Number of Pages in This Submission	37	Attorney Docket Number	FG-002US

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of transmission
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Timothy Ellis, Patent Attorney		
Signature	/Tim Ellis/		
Printed name	Timothy N. Ellis		
Date	February 2, 2009	Reg. No.	41,734

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature	/Tim Ellis/		
Typed or printed name	Timothy Ellis, Reg. No. 41,734	Date	February 2, 2009

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